

Choice Support

Choice Support

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Choice Support is a supported living service which was providing personal care to 72 people at the time of inspection. People received support in 40 houses and flats around London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The provider, management and staff took best practice seriously and worked with organisations to develop systems which promoted people's health and wellbeing. People were integral to the running of the service and had clear links to management and the main office. There were a variety of audits which people and staff took part in, as well as regular surveys and meetings. There was a clear system of delegation that enabled oversight across all of the supported living schemes which were registered to the main office.

People told us they were involved in their care and we saw multiple examples of people setting and achieving their own goals and developing their independence. Care planning was personalised and focused on people's aspirations and aims to develop relationships, find new hobbies or start education or employment. People regularly achieved goals and developed skills to improve their quality of life.

Risks to people were managed safely with a focus on enabling people to identify and understand risks themselves. Staff understood how to provide safe support to people and knew how to identify and respond to potential abuse. There were enough staff deployed to ensure people's needs were met as planned.

Staff worked alongside healthcare professionals to meet people's needs and administered people's medicines safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they got on well with staff and we observed positive interactions which showed a camaraderie and strong working relationships with staff. Care was planned and delivered in a way that focused on people's diversity and promoted people's dignity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 28 January 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Choice Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors and a directorate support co-ordinator.

Service and service type

This service provides care and support to people living in 40 small 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also wanted to allow time for people to be informed about the inspection process so they could decide if they wished to participate.

Inspection activity started on 4 December 2019 and ended on 10 December 2019. We visited the office location on 4 December 2019.

What we did before the inspection

We reviewed information we held about the service, including feedback from the public and information

submitted within statutory notifications. Statutory notifications are reports of certain incidents providers are required by law to notify us of. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 20 people in total. We conducted two focus groups with five people and met a further ten people when we visited them in their homes. We also spoke with the registered manager, three service managers and ten support workers.

We reviewed care plans for nine people, including records related to risk, consent, medicines and personalised care planning. We looked at nine staff files and records relating to staff training and supervision. We also looked at the provider's systems for documenting incidents, accidents and complaints. We looked at a variety of checks and audits as well as records of staff meetings.

After the inspection

We received further email evidence from the provider which we considered as part of this report. We also spoke with a local authority monitoring officer who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported in a way that reduced risks whilst encouraging their independence.
- People told us they felt safe and were able to tell us about risks and what actions were taken to keep them safe.
- Risks to people were routinely assessed and the assessments were used to prepare proportionate and personalised risk plans. Where people wished to take part in activities or achieve certain goals, plans were drawn up with set goals which were regularly reviewed.
- One person had a desire to go out into the community regularly and to get fit by going to the gym. The risks associated with these activities had been assessed and the person had been involved in preparing the risk assessment. The plan included structured goals the person told us were important to them. These included developing their understanding of road safety, finances, use of gym equipment and using shops and public services.
- Where people had complex needs we saw consistent and robust plans in place to keep them safe. Personalised plans were in place for risks such as epilepsy and pressure care and these were detailed and written in line with best practice.
- Where people faced potential risks related to their behaviour, they had detailed plans in place which documented the types of behaviour they might present and how staff should respond. Staff had training in approaches to take and kept accurate records of any incidents and what was done in response to them.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to protect them from abuse.
- People said they knew what to do if they had concerns. One person told us they had shared something they were worried about with staff and staff described to us what actions they were taking to support the person.
- Staff had received training in safeguarding adults and information on how to raise concerns was displayed within the houses. Staff described how they would escalate any concerns they had and we saw safeguarding was regularly discussed with people at key worker meetings.
- Where there had been concerns, we saw evidence of them being shared with the local authority safeguarding team as well as involving healthcare professionals where appropriate.

Staffing and recruitment

- People were supported by sufficient numbers of staff.
- Staffing numbers were calculated based on people's needs, with regular reviews to ensure allocated hours

of care were sufficient to enable people to be cared for safely and achieve their goals.

- People and staff told us they had the support they required, at the times they wished. This matched our observations when we visited people in their homes, people were consistently up and ready for the day, able to attend any engagements or activities as planned.
- Recruitment processes involved people and at the time of inspection, there was a plan underway to introduce a toolkit for service managers to support people to participate in interviews of prospective staff.
- The provider had carried out checks to ensure staff were suitable for their roles. Records showed checks were carried out on potential staff, such as exploring their work histories and carrying out background checks to ensure they were suitable to work in social care.

Using medicines safely

- People received their medicine safely.
- People had ownership over their medicines and staff provided support to ensure people stored them securely within their homes.
- People had care plans which informed staff about which medicines they were prescribed and how they received them. Where people received medicines on an 'as required' basis, there were protocols in place to inform staff when to offer and administer these medicines.
- One person was prescribed a medicine for epilepsy which was to be administered in the event of a seizure. There was a protocol informing staff how to respond to a seizure including timing it to ensure they administered emergency medicines for seizures over five minutes long, in line with the prescriber's guidance. Staff had received training in how to administer this medicine and were able to describe to us how and when they would administer it.
- Staff kept accurate medicines records which showed medicines had been administered as planned. Where medicines had not been administered for any reason, staff had documented this.
- Medicines records and practice were regularly checked to ensure best practice was followed.

Preventing and controlling infection

- People were protected against the risk of the spread of infection.
- Staff were trained in infection control and were able to describe best practice to us.
- We observed staff within people's homes following best practice. For example, staff worked with a person to clean down the kitchen after breakfast. Good hygiene practice was a part of people's care planning and where appropriate people had developed domestic skills and taken ownership of cleaning.
- Staff told us that as well as training, they had discussions about infection control practice with their supervisors and there were regular audits. People's homes contained stocks of personal protective equipment, such as gloves, so staff could use these when required.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from incidents.
- All incidents were logged and escalated to management. Management reviewed actions taken and checked incidents had been reported appropriately. Records showed where incidents occurred relevant professionals had been informed and risks had been reviewed.
- There was a safeguarding committee which analysed incidents and safeguarding as well as individual action plans following learning from incidents for people which were monitored and signed off by management.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment before they received care.
- People said they had opportunities to meet staff and express their preferences before receiving support. One person we spoke with was in the process of getting to know staff and the service and they told us they were enjoying the process.
- Records showed assessments captured people's preferences and routines. The assessment and transition process involved meeting with people, relatives and professionals as well as visiting services they had lived at previously where appropriate.
- One person had come from another service with potential risks related to their behaviour. Staff spent time with the person and staff from the service they lived at previously and this had led staff to observe and understand potential risks and a detailed care plan was written with them.
- People's assessments were used to write personalised care plans and were an opportunity for people to express any outcomes they wished to achieve. One person had recently moved into one of the houses and the assessment documented complex mobility need as well as identifying they were interested in music. By the time of our visit, the person was supported to regularly attend a local music group as well as participating in a variety of other pursuits.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff demonstrated a good knowledge of people's needs and medical conditions and we saw multiple examples of staff receiving training specific to people's needs.
- Staff told us they received an induction and could request training if they wished to develop their knowledge. One staff member said, "If I need training I just say, 'I want to do this', it's what I've always done."
- Training courses were specific to the needs of the people staff supported. All staff had undergone training in areas such as autism and learning disabilities, with courses attended on approaches to take to behaviour that may present a challenge.
- Where people had specific conditions such as epilepsy or diabetes, staff had received training and were knowledgeable about these needs.
- Staff had regular one to one supervision meetings. Staff said they found these meetings useful and records showed conversations were focused on the support provided to people as well as staff performance and any areas they wished to develop.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare meals they liked which met their dietary needs.
- People said staff worked with them to plan menus, go shopping and prepare meals. One person told us, "I like noodles." They told us they were supported to make these regularly. Another person said they often went to a restaurant with staff and, "I like to cook, sometimes I wash up too."
- People's care plans were detailed about the foods they liked and the support they needed to maintain their nutrition. One person had a goal to lose weight and their nutrition plan had been updated and they were being supported to try healthier meals.
- Where people required soft foods to reduce choking risk, these needs were met. Care plans detailed the support people required at meal times in order to eat independently.
- Where one person used a specialist device to maintain their nutrition, staff had received training from a healthcare professional in how to use it and were able to describe how it worked. There was a detailed care plan in place and staff kept accurate records to monitor the person's nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access any services they needed.
- People told us staff spoke up for them when required and they could access external support they needed. One person said, "They [staff] sometimes ring my social worker, I see all the emails that get sent." Another person told us about changes to another service they attended and we heard how staff were supporting them to express their views through the process.
- Care records showed staff contacted other agencies, such as the local authority, GP or specialist nurses, when people needed support. Staff frequently attended appointments with people and kept accurate records of the outcome and any necessary actions.
- A professional who had recently visited one of the houses said, "Service users who have changing health needs are well supported and the service has been in contact with other agencies so that the correct support can be put in place."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in a way that encouraged them to maintain their own health and wellbeing.
- People told us they saw the doctor regularly and staff enabled them to get support when needed. One person described how they had not felt well recently and had told staff who contacted their GP so they received treatment.
- People were empowered to take ownership over their health needs. We saw evidence of care planning to enable people to learn about their own health by being able to carry out self-examination for cancer as well as supporting people to understand dental hygiene and sexual health.
- People's health was checked annually, the provider did an annual health review with all people where they checked they had seen a dentist, GP and optician recently. The review was holistic and people were involved in the process, with personalised goals within them.
- One person told us they wanted to improve their diet and told us about healthy recipes they had been supported to cook. We saw this was a goal from their health plan earlier in the year which they were being supported to achieve.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager, service managers and care staff had a good understanding of the MCA and how it applied in a supported living setting. We saw examples of them working with local authorities to ensure any restrictions were lawful, by sharing information with them so they could be considered by the Court of Protection.
- Staff were trained in the MCA and were able to tell us the principles and how they applied them. One staff member told us how they were following the process for a person who wished to go on holiday but had support to manage their finances because they lacked mental capacity to make these decisions.
- Records showed the MCA was followed consistently. Capacity assessments were decision specific and covered decisions such as health, medicines, care needs and financial decisions. Where people lacked capacity best interest decisions were documented and these were personalised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff they got on well with.
- One person said, "I like [my keyworker]." Other people expressed to us they found staff friendly and we observed staff interacting warmly with people during the inspection.
- Staff knew about people and they were able to tell us about ways they made people feel happy, the foods people liked and their hobbies. Care plans were consistently detailed about what was important to people.
- One person had particular photographs and trinkets which they liked to look at to cheer them up. Staff told us about this and we observed them supporting the person in this way when we visited them.
- People received care from a provider that celebrated diversity. People were routinely asked about their culture, religion, sexuality and gender identity and care was planned around these needs.
- One person had a care plan which documented their cultural background, including foods and festivals which were important to them. We saw photos of them hosting family and friends in traditional dress and staff were knowledgeable about this person's culture.
- Another person belonged to a faith that meant they maintained a certain diet. There was recorded guidance for staff on foods they ate and where to source them. Staff described how they supported the person to maintain their diet as well as how they practiced their faith at home.
- The provider ran a 'Supported Loving' service which included work with people to learn about themselves, develop relationships or look for partners. This included encouraging discussion about sexuality and gender identity, as well as enabling people to understand their sexual health.
- People from the service were supported to attend a group for people with learning disabilities who identified as lesbian, gay, bisexual or transgender.

Supporting people to express their views and be involved in making decisions about their care

- People were consistently involved in their care.
- Care plans contained goals which people had set themselves and people were able to tell us what their goals were.
- People had keyworkers who met with them each month to discuss their care and any plans or aspirations.
- Care plans accurately represented people's views and desired outcomes. Information added by people was recorded in the way they had expressed it and was written in the way people had described things to us. For example, one person told us about their household tasks and the language they used when they told us about it matched the way this was written within their care plan.

- As well as involvement in their own care planning, each house had frequent house meetings which people were encouraged to contribute to. Recent records showed people had been involved in planning Christmas decorations and activities.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop skills and become independent.
- People told us how staff supported them to develop skills. One person told us they had learned cooking skills and another person described how they were able to go out in the community.
- We met one person who no longer required support with some care tasks because of focussed work by staff to support them to develop their skills. The person had been supported to attend college and had recently found a job. Staff shared examples of other people who no longer required support with personal care because they had been supported to become independent.
- Care was consistently planned based on people's strengths and abilities. All care plans had sections detailing 'things I can do myself' and these reflected people's abilities. For example, one person was able to follow certain bus routes and these were detailed in their care plan.
- Care was delivered in a way that promoted people's dignity. Staff were observed being respectful and carrying out personal care tasks discreetly. Staff were able to describe measures they took to ensure people's dignity was preserved during care delivery.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care.
- People told us what was important to them and this information matched what was written in their care plans.
- One person's care plan said they liked to dress smartly and when we met them they had just been supported to dress in a smart shirt which matched what was described in their care plan.
- Another person had complex needs and had a detailed care plan for personal care as well as communication. The person liked to complete tasks in a certain order and this was in their care plan> the care plan also described their preferences with how they liked to dress for different activities.
- People's care was reviewed each month and records showed people were supported to revisit their goals to track progress, as well as to identify any changes. Where actions were required in response to reviews, records showed these took place promptly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in ways that were accessible to them.
- Care plans and records such as house meetings were in an accessible format, with easy read and pictures.
- Where people used other methods to communicate, these were planned for. Where people used gestures or non-verbal cues these were documented in a detailed manner. One person used some Makaton and there were prompts on display within their home to guide staff. Staff were able to describe the signs the person used.
- The provider's complaints policy and information about safeguarding were also provided to people in an easy read format and on display within the houses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to identify opportunities in education, employment and pastimes.
- People told us about activities staff supported them with. For example, one person had recently finished college and told us they were being supported to look for work opportunities.

- People also regularly took part in activities and outings with staff support. We saw evidence of frequent activities on an individual basis as well as for groups of people.
- People were supported to maintain important relationships and develop friendships.
- Two people had recently started living together and had different cultural backgrounds. One of the people told us how they liked living with their new housemate because they had tried foods from their culture. Living together and sharing meal times had caused them to try new things, as well as developing their cooking skills by preparing and cooking with ingredients they may not have otherwise used.

Improving care quality in response to complaints or concerns

- People were supported to complain and any issues raised were addressed in line with policy.
- People said they knew how to complain and had confidence in staff to address any issues raised. One person said, "I'd just tell [staff member]."
- There had been no recent formal complaints, but people were regularly asked about their support at monthly keyworker meetings. House meetings were also used to check people were happy, along with annual surveys.

End of life care and support

- People's wishes regarding end of life care were documented.
- At the time of inspection, no one was receiving end of life care but we saw evidence of discussions with people, recorded in accessible formats.
- Care plans contained information about people's preferences if their needs changed or they became unwell. The information was personalised and considered people's backgrounds and religion where required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- People benefitted from innovative practice and contributions to studies and initiatives that helped shape best practice in the sector.
- The service worked with specialists, such as Tizzard University, to develop health surveys and support around people's sexuality. This had led to personalised methods for working with people about sexuality and health to be implemented.
- The provider had contributed to recent studies, such as a study into mortality rates among people with learning disabilities. The developments in practice about people's health needs had been informed by this study and others. Management staff were knowledgeable about the challenges people faced and showed commitment to contributing to improvements in the wider sector and shaping best practice.
- The provider involved people in these initiatives and they had led to trips to parliament for people as well as supporting events.
- There was learning from incidents, with a safeguarding committee which had been recently introduced to learn lessons from safeguarding across the provider's services to ensure actions were taken and learnt from.
- The service regularly worked with other services, such as social clubs, which people used. Records showed staff regularly contacted healthcare professionals and social workers and working in partnership with them to ensure people's needs were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's experiences were treated with high importance and they were routinely encouraged to be involved in the governance of the service.
- People had been involved in working at the provider's office and were regularly supported to develop themselves and support improvements at the service by supporting with internal governance, such as audits and recruitment processes.
- The main registered office was regularly visited by people for events, meetings and training. People told us they looked forward to an upcoming Christmas party at the office. We met some people at the office and we observed people knew office staff very well and engaged in conversation.
- People's views were sought and acted upon in checks and audits. People regularly supported audit visits at houses within this service and at the provider's other registered services. Where audits had involved people, we noted they were personalised and identified improvements from the perspective of people who

used services.

- A recent audit carried out by people and staff had led to ideas being shared by a person about how to support people to understand politics in preparation for an upcoming election. The provider had developed easy read versions of manifestos to support people to make informed decisions. The audit also identified good practice in relation to communication and activities with lots of feedback from people.
- There were audits of medicines and documentation within each service and these identified any improvements which were actioned by service managers.
- There was a system of delegated responsibilities which ensured people and staff had support from management. Each service had a manager and each person had a keyworker, this meant people had a clear path by which to raise any issues or concerns. A professional who had recently visited one of the services said, "The manager had good relationship with staff, seemed approachable and it is evident that he is on call to deal with queries as and when required."
- Staff told us they felt supported by management and had regular meetings to discuss any issues or potential improvements. Records showed staff regularly used meetings to make suggestions about how to improve people's experiences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed ideas in order to support staff to deliver personalised care.
- The registered manager had recently trialled a new format for staff meetings. These were led by staff, with a focus on personalisation. Outcomes and actions were captured on large sheets of paper and the minutes consisted of photos of these. They showed a focus on developing staff and achieving outcomes for the people they supported.
- Each service had regular meetings of people and staff and these were focused on outcomes and people's wishes. As well as this people had keyworkers and regular surveys where they could contribute ideas or feedback about the care they received.
- The provider's values of 'We Care, We Respect, We Care, We Lead' were consistent with our findings at this inspection. People and staff were encouraged to develop themselves and the values were referred to in meetings and newsletters.
- A recent newsletter considered the idea of 'co-production' and how it applied to people and the importance of involving them in their care. When we spoke with staff, they reflected these values and told us they were actively encouraged to encourage people and raise any issues. One staff member said, "We are encouraged to bring things, things that are going good, bad, changing things they like to do and talk about the service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Incidents were responded to in an open manner and legal requirements to report certain incidents were met.
- Incident records showed any incidents were shared with relatives or healthcare professionals when appropriate.
- Providers are required by law to notify CQC of certain events, such as serious injuries or safeguarding allegations. The registered manager was knowledgeable about when to notify CQC and records showed incidents had been reported where required.